

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

JAKE RUSH FOR CONGRESS

ADDRESS (number and street)

PO BOX 952

Check if different
than previously
reported. (ACC)

ALACHUA

FL

32616

2. FEC IDENTIFICATION NUMBER ▼

C

C00557371

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nikkie Vogel

Signature of Treasurer Nikkie Vogel

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

JAKE RUSH FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	14965.00	167900.90
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	14965.00	167900.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45008.71	89492.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	45008.71	89492.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	158336.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	79928.42	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

JAKE RUSH FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

12250.00

158539.90

(ii) Unitemized

2715.00

9361.00

(iii) TOTAL of contributions from individuals

14965.00

167900.90

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

14965.00

167900.90

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

36843.48

79928.42

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

36843.48

79928.42

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

51808.48

247829.32

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45008.71	89492.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	45008.71	89492.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151537.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51808.48
25. SUBTOTAL (add Line 23 and Line 24).....	203345.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45008.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	158336.94

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sally Baker

A.

Mailing Address 4808 NW 72nd Ln

City

Gainesville

State

FL

Zip Code

32653

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert Brush

B.

Mailing Address 2521 Jonila Ave

City

Lakeland

State

FL

Zip Code

33803

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : SA11AI.4631

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

Hunter Carroll

C.

Mailing Address 3768 Eagle Hammock Dr

City

Sarasota

State

FL

Zip Code

34240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matthews EastmooreOccupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11AI.4589

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Hunter Carroll

Mailing Address 3768 Eagle Hammock Dr

City

Sarasota

State

FL

Zip Code

34240

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Matthews Eastmoore

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period

50.00

In-kind - Fundraising

Full Name (Last, First, Middle Initial)

Jameson Carroll

Mailing Address 12 Camden Rd NE

City

Atlanta

State

GA

Zip Code

30309

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Carroll & Weiss LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Bobby Lee Cook

Mailing Address 300 Riverside Dr

City

Summerville

State

GA

Zip Code

30747

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Paul D'Alto

A.

Mailing Address 213 SW 132 Ter

City

Newberry

State

FL

Zip Code

32269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Restaurant Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M / D D / Y Y Y Y
04 09 2014

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

Paul D'Alto

B.

Mailing Address 213 SW 132 Ter

City

Newberry

State

FL

Zip Code

32269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Restaurant Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Paige Greenlee

C.

Mailing Address 2609 W Fountain Blvd

City

Tampa

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slvyer, Barlow, Watson

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M / D D / Y Y Y Y
06 04 2014

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

50.00

In-kind - Fundraising

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Leslie Haswell

Mailing Address 3671 NW 37th St

City

Gainesville

State

FL

Zip Code

32605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Lawyer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Louis Kwall

Mailing Address 930 Pine Hill Rd

City

Palm Harbor

State

FL

Zip Code

34683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jualene Lewis

Mailing Address 2802 NW 4 Ln

City

Gainesville

State

FL

Zip Code

32607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4608

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAKE RUSH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Wenda Lewis		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address PO Box 141286		Transaction ID : SA11AI.4645	
City Gainesville	State FL	Zip Code 32614	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Lewis Oil	Occupation Vice President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		
B. Full Name (Last, First, Middle Initial) Andrew Nguyen		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address PO Box 218		Transaction ID : SA11AI.4568	
City Trenton	State FL	Zip Code 32693	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed	Occupation Doctor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		
C. Full Name (Last, First, Middle Initial) Kristy Patterson		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address PO Box 20843		Transaction ID : SA11AI.4610	
City Tampa	State FL	Zip Code 33622	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer n/a	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 2700.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
JAKE RUSH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Manuel Rose			Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address PO Box 20047			Transaction ID : SA11AI.4618	
City	State	Zip Code		
St. Petersburg	FL	33742		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer Rose Radiology		Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) Bruce Smith			Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address P.O. Box 357005			Transaction ID : SA11AI.4576	
City	State	Zip Code		
Gainesville	FL	32635		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Self		Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Thomas Sperring			Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 2928 NW 22nd St			Transaction ID : SA11AI.4640	
City	State	Zip Code		
Gainesville	FL	32605		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional).....			2250.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. April Stinger

Mailing Address PO Box 3068

City

Orlando

State

FL

Zip Code

32802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gray-Robinson

Occupation

Paralegal

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ralph Vasami

Mailing Address 629 Shire Acres Dr

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kellen Company

Occupation

VP

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

12250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 26

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
JAKE RUSH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JACOB ANTHONY RUSH		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 5330 NW 45 DR		Transaction ID : SA13A.4688	
City GAINESVILLE	State FL	Zip Code 32653	Amount of Each Receipt this Period 2233.48
FEC ID number of contributing federal political committee. C H4FL03094		Loan	
Name of Employer Robert A Rush P.A>	Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 45318.42		
B. Full Name (Last, First, Middle Initial) JACOB ANTHONY RUSH		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 5330 NW 45 DR		Transaction ID : SA13A.4687	
City GAINESVILLE	State FL	Zip Code 32653	Amount of Each Receipt this Period 6610.00
FEC ID number of contributing federal political committee. C H4FL03094		Loan	
Name of Employer Robert A Rush P.A>	Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 51928.42		
C. Full Name (Last, First, Middle Initial) JACOB ANTHONY RUSH		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 5330 NW 45 DR		Transaction ID : SA13A.4689	
City GAINESVILLE	State FL	Zip Code 32653	Amount of Each Receipt this Period 28000.00
FEC ID number of contributing federal political committee. C H4FL03094		Loan	
Name of Employer Robert A Rush P.A>	Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 79928.42		
SUBTOTAL of Receipts This Page (optional).....		36843.48	
TOTAL This Period (last page this line number only).....		36843.48	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CSI Academy of Florida LLC

Mailing Address 12787 US HWY 441

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

City	State	Zip Code
Alachua	FL	32615

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Rent

001

Transaction ID : SB17.4653

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Full Name (Last, First, Middle Initial)

B. Department of State

Mailing Address 500 South Bromough Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

City	State	Zip Code
Tallahassee	FL	32399

Amount of Each Disbursement this Period

10440.00

Purpose of Disbursement
Qualifying

001

Transaction ID : SB17.4654

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Full Name (Last, First, Middle Initial)

C. Lewis Oil Co, Inc

Mailing Address PO Box 141286

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

City	State	Zip Code
Gainesville	FL	32614

Amount of Each Disbursement this Period

858.85

Purpose of Disbursement
Gas

002

Transaction ID : SB17.4664

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11598.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Lewis Oil inc

Mailing Address PO Box 141286

City	State	Zip Code
Gainesville	FL	32614

Purpose of Disbursement
Gas

002

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

765.62

Transaction ID : SB17.4663

B. Ozean Media, Inc.

Mailing Address PO Box 1101

City	State	Zip Code
Alachua	FL	32616

Purpose of Disbursement
Consulting

001

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.4665

c. Ozean Media, Inc.

Mailing Address PO Box 1101

City	State	Zip Code
Alachua	FL	32616

Purpose of Disbursement
Printing

004

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

216.11

Transaction ID : SB17.4667

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10981.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ozean Media, Inc.

Mailing Address PO Box 1101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

City	State	Zip Code
Alachua	FL	32616

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Consulting

001

Transaction ID : SB17.4668

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Full Name (Last, First, Middle Initial)

B. Ozean Media, Inc.

Mailing Address PO Box 1101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

City	State	Zip Code
Alachua	FL	32616

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Consulting

001

Transaction ID : SB17.4669

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Full Name (Last, First, Middle Initial)

C. Ozean Media, Inc.

Mailing Address PO Box 1101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
Alachua	FL	32616

Amount of Each Disbursement this Period

1200.00

Purpose of Disbursement
Advertising

004

Transaction ID : SB17.4670

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

21200.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JAKE RUSH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Remzey Samarra

Mailing Address PO Box 341

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

City	State	Zip Code
Micanopy	FL	32667

Amount of Each Disbursement this Period

223.97

Purpose of Disbursement
Office Expenses

001

Transaction ID : SB17.4671

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Full Name (Last, First, Middle Initial)

B. Remzey Samarra

Mailing Address PO Box 341

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

City	State	Zip Code
Micanopy	FL	32667

Amount of Each Disbursement this Period

306.72

Purpose of Disbursement
Office Expense

001

Transaction ID : SB17.4672

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

Full Name (Last, First, Middle Initial)

c. Remzey Samarra

Mailing Address PO Box 341

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

City	State	Zip Code
Micanopy	FL	32667

Amount of Each Disbursement this Period

232.02

Purpose of Disbursement
Office Expense

001

Transaction ID : SB17.4673

Candidate Name

JAKE RUSH FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 03

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

762.71

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4164

JAKE RUSH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
01 / 27 / 2014M M / D D / Y Y Y Y
 / / noneM M / D D / Y Y Y Y
 / / noneM M / D D / Y Y Y Y
 / / none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4167

JAKE RUSH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
01 / 30 / 2014M M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4169

JAKE RUSH FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

12821.78

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12821.78

TERMS

Date Incurred

M M / D D / Y Y
03 / 20 / 2014

Date Due

M M / D D / Y Y
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12821.78

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4168

JAKE RUSH FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 21 / 2014M M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4188

JAKE RUSH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

2263.16

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2263.16

TERMS

Date Incurred

M M / D D / Y Y
03 / 27 / 2014

Date Due

M M / D D / Y Y
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2263.16

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4170

JAKE RUSH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 31 / 2014M M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4688

JAKE RUSH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

2233.48

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2233.48

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 13 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2233.48

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4687

JAKE RUSH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6610.00

0.00

6610.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6610.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 26

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4689

JAKE RUSH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JACOB ANTHONY RUSH☒ Primary☐ General☐ Other (specify) ▼Mailing Address
5330 NW 45 DR

City

State

ZIP Code

GAINESVILLE

FL

32653

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

28000.00

0.00

28000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2014

M M / D D / Y Y Y Y

none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

28000.00

TOTALS This Period (last page in this line only)..... ►

79928.42

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.